

# Clinical Policy: Hypnotherapy



Reference Number: QCP.CP.014

Effective Date: 07/01/2004

Date of Last Revision: 07/01/2018

CPT Code: 90880

Document: BI045:00

## Public Statement

### Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
- b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.

Hypnosis, hypnotherapy and meditation therapy may or may not be covered, depending on your specific benefit plan. Please check your plan documents. When covered, this type of service must be prescribed by a physician for an appropriate mental health diagnosis and provided by a licensed mental health provider as part of a mental health treatment plan.

## Medical Statement

Hypnotherapy or meditation therapy, when covered by the member's benefit plan, are considered mental health modalities. As such, they must be prescribed by a physician for an appropriate mental health diagnosis and provided by a licensed mental health provider as part of a mental health treatment plan. Other mental health services/modalities may not be billed at the same time. If hypnotherapy is provided at the same time as psychotherapy, the claim must show the code for hypnotherapy or the code for psychotherapy — it cannot include both. Preauthorization is required beyond 15 visits, as per BI273.

Coverage is limited by the mental health benefits in the specific member contract.

See BI273 (Outpatient Therapy for Mental Health and Substance Use Disorders) for clinical policies regarding mental health treatments.

## Codes Used In This BI:

90880 Hypnotherapy

## Limits

Hypnotherapy is contraindicated under the following conditions:

- 1) Uncooperative or hostile patient.
- 2) Psychosis.
- 3) Significant history of brain trauma or cognitive deficits.
- 4) borderline personality disorder, dependent personality disorder.

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## Reference

Intentionally left empty.

## Addendum

### Application to Products

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.